ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS Registered No STANDARD CERTIFICATE OF BIRTH 1. PLACE OF BIRTH District or Township (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 4. Twin, triplet or other. 3. Sex of Child To be answered ONLY of birth in event of plural Month 5. No., in order of birth MOTHER Full malden name 15 Residence 9. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state If non-resident, give place and state. 16 Color or race 16. Color or race 17. Age at last birthday 18. Birthplace (city or place) 12. Birthplace (city or place (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry 21. Were precautions taken against oph-(a) Born alive and now living. 20. Number of children of this mother... thalmia neonatorum? (b) Born alive but now dead (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE .m. on the date above stated I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn Signature. child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife). Given name added from a supplemental report. Month, day, year Registrar

Registrar

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